



IO20621

8310 16<sup>th</sup> Street  
P.O.Box 902  
Sturtevant, WI 53177-0902  
Phone: (262) 631.4001

Robert B O'Brien  
Sr. Product Steward & Chief Compliance Officer

March 31, 2009

COURIER

Document Processing Desk - 6(a)(2)  
Office of Pesticide Programs – 7504P  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave., NW  
Washington DC 20460-0001

To the 6(a)(2) Coordinator:

**RE: FIFRA 6(a) (2) Monthly Report for for Company No.'s  
70627, 7546, 6243, 4462, 875 and Products transferred from 4822 to 70627**

Attached are the monthly report forms. The incidences were reported during the time period of February 1, 2009 through February 28, 2009.

If you have any questions, I can be reached at 262/631-4496.

Sincerely,

Robert B. O'Brien  
Senior Product Steward & Chief Compliance Officer

Enclosures

5555

# \*Personal privacy information\* -001

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Reporter name:</b>  <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 15%;"> <b>Submission date:</b>  3-31-09 </div> <div style="width: 30%;"> <b>Contact person (if different than reporter)</b> </div> <div style="width: 25%;"> <b>Internal ID</b>  1-17460479 </div> </div>					
Administrative Data	<b>Address:</b> <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		<b>Address:</b>			
	<b>Phone #:</b> <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		<b>Phone #:</b>			
	<b>Incident Status:</b>  New	<b>Location and date of incident</b> Georgia 01/27/2009	<b>Date registrant became aware of incident:</b> 2/3/2009	<b>Was incident part of larger study?</b>		
Row 2	<b>EPA Registration # (Product 1)</b>		<b>EPA Registration # (Product 2)</b> 70627-35		<b>EPA Registration # (Product 3)</b>	
	<b>A.I. (s)</b>		<b>A.I. (s)</b>		<b>A.I. (s)</b>	
	<b>Product 1 Name</b> Lysol disinfectant		<b>Product 2 Name</b> Vanish Disinfectant Bathroom Cleaner III		<b>Product 3 Name</b>	
	<b>Exposed to concentrate prior to dilution? Unknown</b>		<b>Exposed to concentrate prior to dilution? Unknown</b>		<b>Exposed to concentrate prior to dilution?</b>	
	<b>Formulation</b>		<b>Formulation</b>		<b>Formulation</b>	
Row 3	<b>Evidence label directions were not followed? Yes</b> Intentional misuse? No		<b>Incident site:</b> (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  Workplace			<b>Situation: (act of using product):</b> (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  See Description Notes
	<b>Applicator certified PCO? Not applicable</b>					
	<b>How exposed:</b> (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  See Incident Description					

*2/3/2009 1:20:09 PM Vanish Disinfectant Bathroom Cleaner #3  
EPA reg: 70627-35*

*Non-company product  
Lysol Disinfectant*

*Hx:*

*Caller says the product was sprayed on the phone receiver and computers last week. She had contact with the wet product on the phone receiver. She developed a reaction 2 days later-rash (raised and itchy, blisters and hives in some of these areas) on her ear and behind ear and scalp then down the front of her neck. She also developed redness behind her ear. She also has headache which started at an unknown time. The caller did see an ER MD on Saturday 01/31/2009 who didn't dx anything specific. She received an antibiotic and a steroid injection and started a Z-pack. The caller is not feeling any better. No allergies other than to penicillin. Another co-worker developed redness and swelling of the ear a few days before she did. Co-worker (65 years, CH) also went to the MD and had bloodwork and her sxs resolved. Per caller, the co-worker felt bad for a few days before her sxs resolved.*

*A*

*Skin-May be mildly irritating to skin.*

*-Advised caller that product is not expected to cause the sxs described.*

*-Advised caller that she and her co-worker may have an individual sensitivity to an ingredient in the product, or the combination of the products or the non-company product may be the reason for the sxs.*

*-Advised caller to consult a dermatologist given the persistent sxs.*

*-Provided case# if MD has questions.*

*2/11/2009 9:36:50 AM LM to cb on machine.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Bullae/Blisters, 3 days or less;</i> <i>Erythema, 3 days or less;</i> <i>Hives/Welts, 3 days or less;</i> <i>Pruritus, 3 days or less;</i> <i>Rash, 3 days or less;</i> <i>Headache, Unable to determine;</i>		If lab tests were performed, list test names and results (if available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-17460479*

# \*Personal privacy information\*

-002

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name:  [REDACTED]	Submission date:  3-31-09	Contact person (if different than reporter)	Internal ID 1-17550782
	Address:  [REDACTED]	Address:		
	Phone #: [REDACTED]	Phone #:		
	Incident Status:  New	Location and date of incident Phoenix Arizona 01/14/2009	Date registrant became aware of incident: 2/12/2009	Was incident part of larger study?
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  70627-15	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 Name  Triad III Disinfectant Cleaner	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Unknown	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  Workplace		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  See Description Notes
	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  See Incident Description			

*2/12/2009 2:38:13 PM Warm transfer from technical support, Fritz at Johnson Diversey  
Will email her an MSDS and mailing a hard copy to her, of the Diluted Triad III, the caller already has  
a copy of the undiluted product.  
Triad III*

*Hx: The caller reports that she walked into her work (Medtronic) bathroom on 1/14/2009 and the  
cleaning lady was cleaning the bathroom. The caller remarked that she smelled a heavy chemical smell  
that did not smell good and stung her nose. The caller went back to her desk and 1 hour later, developed  
a headache and noticed hives on the back of her neck that started to welt. The back of her neck began  
swelling, where the hair line and neck meet. This progressively got worse and the hives began spreading  
to her upper torso, wrists, hands, and to the front of her thighs (not too many on her calves) and the  
caller had swelling in feet and legs. The caller reports that there was no product on the seat when she  
sat on the seat, but the caller mentioned something about there being a small crack above her anus that  
was bleeding. The caller did not mention when this occurred, she was jumping around the questions.  
The caller did go to her Primary MD on 01/14/09 and the caller's symptoms continued to get worse and  
she was having some small amounts of blood in her nasal cavity. The caller then went to the E.D. on  
01/17/09 as she felt like her esophagus was swelling and was put onto Prednisone. The caller is feeling  
better now, the symptoms began getting better on 01/20/09, but she is still not feeling 100%. The caller  
has no asthma or other respiratory disorders.*

*The caller reports that the cleaning woman only spoke Spanish and did not know if the product was  
diluted properly or not, when the cleaning woman was using the product.*

- 1.) Are there any long term effects to inhaling this product?*
- 2.) What is this product used for?*
- 3.) The caller would like to know how this is product should be diluted.*

*A: 1.) If the product was not diluted, it may cause irritation and corrosive effects to nose, throat and  
respiratory tract.*

*Individuals with chronic respiratory disorders such as asthma, chronic bronchitis, emphysema, etc., may  
be more susceptible to irritating effects.*

*If the product was diluted, we would not expect more than some minor irritation to the nose, throat, and  
upper respiratory tract, that would be self limiting once away from the product. The symptoms that you  
are describing would not be typical of this.*

*There are no known chronic toxicity information available.*

*Recommend to continue to follow with your MD and their treatment.*

- 2.) Disinfectant. Cleaning product.*
- 3.) Gave caller cs #(800) 558-2332.*

*Emailed LT*

*2/12/2009 4:30:01 PM Case reviewed.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Hives/Welts, 60 min or less;</i> <i>Swelling, 60 min or less;</i> <i>Other Gastrointestinal - Bleeding crack above her anus and nasal cavity, Unable to determine;</i> <i>Headache, 60 min or less;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)




Internal ID #  
*1-17550782*

# \*Personal privacy information\*

-003

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: 	Submission date: <i>3-31-09</i>	Contact person (if different than reporter)	Internal ID <i>1-17660937</i>
Administrative Data	Address: 		Address:	
	Phone #: 		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>McMinnville Oregon 02/23/2009</i>	Date registrant became aware of incident: <i>2/23/2009</i>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <i>70627-6</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 Name <i>Expose II 256</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>Unknown</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <i>Workplace</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

2/23/2009 4:47:34 PM Johnson Diversye  
Expose II 256  
product # 05697, 05698, 05699, 115693002

Caller is a HCP. He has an employee of the medical center that got the product in her eye. This occurred 90 minutes ago. She was cleaning portable xray equipment. The product had been set to stream instead of spray and it splashed back into her eyes. She rinsed for 10 minutes and further irrigation has been done. Right now, her eye is slightly red and it burned initially, but overall she is doing fine. [REDACTED] is in her 20's but he didn't have an exact age.

[REDACTED] cell phone - ok for us to FU with her  
[REDACTED]

A

- Product is corrosive and may cause serious ocular injury.
- Irrigate the patient's eyes with at least one to two liters of normal saline or Lactated Ringers Solution AND (in the case of exposure to acids or bases) until the conjunctival pH is at or near neutral (pH 6.5-8). This may take up to 1-2 hours and require several liters of irrigation fluids to accomplish.
- Topical anesthetic drops may be applied as needed to reduce ocular pain and facilitate irrigation.
- Once irrigation is complete, a slit lamp exam with fluorescein staining should be completed to check for corneal burns and possible adherent matter.
- Consultation with an ophthalmologist is recommended if ocular burns or abrasions are observed during examination.
- Please call back with any additional questions or concerns.

2/25/2009 11:25:12 AM LM to cb on [REDACTED] voicemail.

2/25/2009 2:45:43 PM The irritation in her eye lasted 2 hours. Caller saw her doctor and it was flushed out really good. No other intervention was needed. He saw one really small blister but said it wasn't anything to worry about. Caller is now asx. MD did not prescribe any treatment.

\*Personal privacy information\*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Ocular</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Ocular Irritation, 15 min or less;</i> <i>Other Ocular - blister, 30 min or less;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-17660937*